

Supplemental Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: ANTISENSE COMPOUNDS, METHODS

AND COMPOSITIONS FOR TREATING

MMP-12 RELATED INFLAMMATORY

DISORDERS

Attorney Docket Number:: 1506-1032-1

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: ANDREAS

Middle Name::

Family Name:: DIECKMANN

City of Residence:: BROMMA

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: MARGARETELUNDSVAGEN 76

City of Mailing Address:: BROMMA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-167 36

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: ROBERT

Middle Name::

Family Name:: LOFBERG

City of Residence:: DJURSHOLM

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: EKEBYVAGEN 9

City of Mailing Address:: DJURSHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-182 55

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Supplemental S.N. 10/619,906 Filed July 16, 2003

Applicant Authority Type:: Inventor

Primary Citizenship Country:: UNITED KINGDOM

Status:: Full Capacity

Given Name:: OLIVER

Middle Name::

Family Name:: VON STEIN

City of Residence:: SPANGA

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: BATSMAN STENS VAG 23

City of Mailing Address:: SPANGA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-163 41

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: PETRA

Middle Name::

Family Name:: VON STEIN

City of Residence:: SPANGA

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: BATSMAN STENS VAG 23

City of Mailing Address:: SPANGA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-163 41

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: CANADIAN

Status:: Full Capacity

Given Name:: LIAM

Middle Name::

Family Name:: GOOD

City of Residence:: STOCKHOLM

State or Province of Residence::

Country of Residence:: SWEDEN

Street of Mailing Address:: TEKNOLOGGATAN 9B

City of Mailing Address:: STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: SE-133 60

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number:: 000466

Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	Non-Provisional of	60/407,680	9/4/02

Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
SWEDEN	0202253-1	7/18/02	Yes

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::